

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		/		/			52						
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50							100						
AL			2				TOTAL						
AL			10				IND.						
AL			12				DEP.						
IMS							TOTAL						
IMS							CLAIMS						

BEST AVAILABLE COPY